

PART B - FEE(S) TRANSMITTAL

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000959

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08/08/2005

~~XXXXXXXXXXXXXXXXXXXX~~ PILLSBURY WINTHROP
~~XXXXXXXXXXXXXXXXXXXX~~ SHAW PITTMAN LLP
~~XXXXXXXXXXXXXXXXXXXX~~ 1650 Tysons Blvd.
~~XXXXXXXXXXXXXXXXXXXX~~ McLean, VA 22102

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)
(Signature)
(Date)

11/08/2005 MBEYENE2 00000174 033975 09481643

01 FC:1501 1400.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/481,643	01/12/2000	LUNDY LEWIS	APB-01RCE	5926

TITLE OF INVENTION: METHOD AND APPARATUS FOR INTEGRATED NETWORK MANAGEMENT AND SYSTEMS MANAGEMENT IN COMMUNICATIONS NETWORKS

019287-0317302

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, CHAU T	2176	715-500000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PILLSBURY WINTHROP SHAW
2 PITTMAN LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Aprisma Management
Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Durham, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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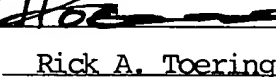
- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Rick A. Toering

Date

November 3, 2005

Typed or printed name

Registration No.

43,195

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